

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT
DISTRICT OF DELAWARE

PAUL ROMANO 172653
Plaintiff
v.
STAN TAYLOR et AL
Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

06-573

I, PAUL ROMANO declare that I am the (check appropriate box)☒ Petitioner/Plaintiff/Movant☐ OtherScanned- BD 9/13/06

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)If "YES" state the place of your incarceration SUSSEX VIOLATION OF PROBATION CENTERInmate Identification Number (Required): 172653Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

ROMANO CONSTRUCTION 307 WYOMING AVE CLINTON DE / \$500.00 WEEKLY

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---------------------------|-------------------------------------|
| a. Business, profession or other self-employment | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| e. Gifts or inheritances | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| f. Any other sources | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

N/A

I declare under penalty of perjury that the above information is true and correct.

8/31/06

DATE

Paul F. Romano Paul F. Romano

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

14-Aug-06

SCCC ADMIT DATE

DATE RELEASED

SBI#

\$0.00
OPENING BALANCE
\$0.00
ACCOUNT BALANCE

R/B	room/board owed from previous visits to SWRU
MED =	Visits to medical
TRANS =	transportation owed from previous visits
P2 =	Pay to's submitted thru business office
DG =	Dollar General/commissary
TRANSF	Transfers to Other Institutions
SP. COURT	Superior Court

M/O = money orders received outside of institution
B/R = booking and receiving
CK = checks
CASH
I / W = inmate wages

REQUEST FORM
FOR
INMATE ACCOUNT ACTIVITY STATEMENT

Inmate Name: Romano, Paul F.
(LAST) (FIRST) (M.I.)

SBI Number: 00172653

Housing Unit: SVOP POD 1

In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.

Paul J. Romano Jr
Inmate Signature

Judith Ann Lederman
Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by Business Office: 8/21/06

JUDITH ANN LEDERMAN
NOTARY PUBLIC, STATE OF DELAWARE
My Commission Expires August 19, 2007

INMATE ACCOUNT STATEMENT

TO: Inmate Name: Romano, Paul F
(LAST) (FIRST) (M.I.)
SBI Number: 00172653
Housing Unit: SVOA POD 1

FR: Inmate Account Technician

DA:

RE: Summary Of Account

.....
Attached is your account statement for the six month period of Aug 14, ~~2000~~²⁰⁰⁶
through Aug 21, 2006, 2000.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this period is \$ Ø.

Attachment

Maguelyn A. Hosmer
Notary